

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90353 036 ****61.25

DOCUMENT # N98000004159

1. Entity Name

ST. LEWIS MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

**ST. LEWIS M. BAPTIST CHURCH, INC.
22300 WHITMAN ROAD
BROOKSVILLE FL 34601**

Mailing Address

**ST. LEWIS M. BAPTIST CHURCH, INC.
22300 WHITMAN ROAD
BROOKSVILLE FL 34601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0825291**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLETHCER, BERNICE N
22300 WHITMAN ROAD
BROOKSVILLE FL 34601**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DD	<input type="checkbox"/> Delete
NAME	FLETCHER, ROY R	
STREET ADDRESS	22300 WHITMAN ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DD	<input type="checkbox"/> Delete
NAME	NEWTON, THOMAS C	
STREET ADDRESS	P.O. BOX 492	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
TITLE	DCC	<input type="checkbox"/> Delete
NAME	FLETCHER, BERNICE N	
STREET ADDRESS	22300 WHITMAN ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FRIBLEY, GEORGE	
STREET ADDRESS	27103 AUBREY AVENUE	
CITY-ST-ZIP	BROOKSVILLE FL 34602	
TITLE	DACC	<input type="checkbox"/> Delete
NAME	HOWARD, PAMELA F	
STREET ADDRESS	11950 BROAD STREET	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, EARNESTINE	
STREET ADDRESS	22487 JACOBSON ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernice N Fletcher* *April 8, 2003 (352) 796-4310*

CR2E037 (10/02)